



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

Christine Bongiorno, MPH
Director of Health and Human Services

Tel: 781 316-3170
Fax: 781 316-3175

Arlington Heating Assistance Program Guidelines and Application Process

The Arlington Heating Assistance Program is an emergency assistance program funded entirely by donations. The donated funds are used to pay a portion of eligible Arlington residents' heating bills. Eligibility guidelines for the Arlington Heating Assistance Program follow:

1. To be eligible for the Arlington Heating Assistance Program, Arlington residents must first have been approved for the State Fuel Assistance Program and have exhausted the State fuel assistance funding. For eligibility information on the State Fuel Assistance Program, please contact Community Teamwork, Inc. (CTI) at 978-459-6161. CTI is located at 45 Kirk St, Lowell, MA 01852. Applications for State fuel assistance are accepted between November 1 and April 30 of each year.
2. The Arlington Heating Assistance Program only provides assistance with residents' heating bills (e.g., gas heat, electric heat, oil heat, propane heat, etc.). Residents seeking assistance from their electric utility provider must use electricity as their primary heating source. Electric bills for general use are not covered under this program.
3. The property must be located in Arlington and the applicant must be the party responsible for paying the heating bill. Only one applicant per household may apply.
4. Residents must provide proof of identity and proof of residency. Proof of identity consists of a picture id (e.g., driver's license, passport, etc.); proof of residency consists of a copy of their most recent heating bill (e.g., gas or electric utility, oil or propane)
5. All requests for heating assistance must constitute an emergency, such as, endangerment of health, lack of heat during cold weather months or other extraordinary circumstances.
6. Arlington residents may apply once per year and must re-apply each calendar year. Approval of assistance in a prior year does not guarantee approval in subsequent years. The Department of Health and Human Services (HHS) strives to meet all resident requests for heating assistance; however, final determination of assistance is determined by funding availability. In the event of a shortage in program funding, HHS staff reserve the right to approve or deny applications based on most severe need even if residents otherwise meet the eligibility guidelines.
7. Completed Arlington Heating Assistance applications should be returned to Susan Carp, Program Manager to the address on the application.



TOWN OF ARLINGTON DEPARTMENT OF HEALTH AND HUMAN SERVICES

ATTN: SUSAN CARP, PROGRAM MANAGER

27 Maple Street,
Arlington, Massachusetts 02476

Arlington Heating Assistance Program Application

First Name:		Last Name:	
Home Address:		Zip Code	
Mailing Address: (if different)		Date of Birth:	Social Security #: ____-____-____
Email:		Emergency Contact (name, address, phone)	
Home Telephone:	# of people living at this residence:	Please check if applicable <input type="checkbox"/> Female Head of Household <input type="checkbox"/> One or more people living in this residence is age 62 or older <input type="checkbox"/> One or more people living in this residence has a disability	
Cell Phone:			

Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Please list all services you are currently receiving: <input type="checkbox"/> Public Assistance <input type="checkbox"/> Snap (food stamps)
--	---

Race (Please check one)	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> American Indian/Alaska & Black/African American <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White	<input type="checkbox"/> Black or African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Racial (not listed above)

I certify that the information I have provided on this application is true and accurate to the best of my knowledge, under the pains of perjury.		
_____ Applicant Signature	_____ Printed Name	_____ Date

*******Office use Only*******

Proof of Identity: _____	Proof of Residence: _____
Proof of State Fuel Assistance: _____ CTI #: _____ AMOUNT: \$ _____	Staff Signature: _____